•	, ^		i	A	pplication	ഫ്	ockei Num	iber	ł					
	PATENT A	RD												
Effective October 1, 2003									106921718					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TC	TAL CLAIMS		20					RATE FEE		FEE	1	RATE	FEE	Í
FC	R		NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			30 - minus 20=		·10			X\$ 9=			OR	X\$18=	180.0	7
INDEPENDENT CLAIMS			3 _ minus 3 =		Ø			X43=			OR	X86=		ľ
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+145			OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2											OR	TOTAL	(1070	
CLAIMS AS AMENDED - PART II											JOH	OTHER	G.CD.	
8/	31/06	(Column 1)	(Column 2			(Column 3)		SMA	LL I	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 30	Minus	30	)	n		X\$ 9	=		OR	X\$18=		
	Independent	٠ 3	Minus	****3		= :	7	X43:			OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145	7		OR	+290=		1
										-	OR OR	TOTAL		
: le	14.07	(Column 1) (Column 2) (Column 3)						ADDIT. F	EE		lou.	ADBIT. FEE		
AMENDMENT B		(Column 1) CLAIMS	<u> </u>	HIGH	EST		lr		_	ADDI-		•	ADDI-	
		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT		RATI	Ē	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 30	Minus	* 3	0	- (		X\$ 9	~		OR	X\$18=		
	Independent	. 3	7 Minus			3 - 4					OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+290=		
+145= TOTAL												TOTAL	1	
i e e e e e e e e e e e e e e e e e e e											JOH	ADDIT. FEE		
	`	(Column 1)		(Colun		(Column 3)					1 1		,	
AMENDMENT C		REMAINING AFTER		NUM! PREVIO		PRESENT EXTRA		RATE	.	ADDI- TIONAL		RATE	ADDI- TIONAL	
		AMENDMENT		PAID		EXINA	Ł			FEE			FEE	
	Total	*	Minus	**		<b>3</b>		, <b>X\$ 9</b> :	.		OR	X\$18=		
AME	Independent	*	Minus	***				X43=			OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+290=		1
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.												TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE												AÓDIT. FEE		1
•	The "Highest Num	nber Previously Pai	d For (Total or	Independe	ent) is the	highest numbe	r fou	nd in the	app	ropriate bo	in ca	lumn 1.		